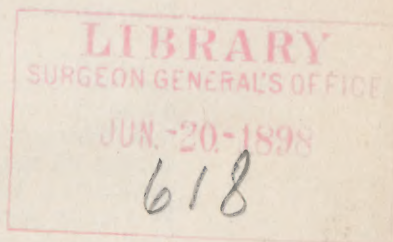


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presented by the author -



"POOR CARRASQUILLA!"

There is a passage in Dr. Dyer's report on the Berlin Leprosy Conference (*New Orleans Medical and Surgical Journal*, December, 1897), which, if it does not clearly reveal what his mental operations really are, shows at least, by their results, that they must be of a strange and fearful kind. He speaks of Dr. Carrasquilla, of Bogota, as *poor Carrasquilla*, which, if the reader is of a sensitive and imaginative disposition, presents to him the South American doctor slinking away from that fateful Berlin, where he met defeat, *drooping, woeful, wan, like one forlorn*, to hide his head and serum, both diminished, amid the crowd of his countrymen. The readers of his journal are, by this time, perfectly aware that Dr. Dyer, on the contrary, returned exultant, flushed with success, and exuberant with promise, not without the same flourish of trumpets, which had announced his departure. Yet, why should there be such a difference in the feelings of these two colleagues, both equally and simultaneously rejected and condemned by the leprologist assembly? Carrasquilla went to Berlin with his serotherapy and the fond hope that it would be there praised and encouraged. Dyer carried to the same tribunal his antivenene nostrum, and aspirations similar to those of the Colombian. Both ambitions were disappointed; neither did command the applause of that listening senate, yet it had listened with *bated breath* (so at least Dr. Dyer intimates, who is nothing if not modest) to Dr. Dyer's utterances, and found them *startlingly bold*. When it came to the point they resolved that *leprosy is incurable*, overwhelming with one fell vote both the quiet Carrasquilla and the *startlingly bold* Dyer. Now can anybody find out why it should be *poor Carrasquilla* and not poor Dyer? Does not this extraordinary conception of Dr. Carrasquilla's and Dr. Dyer's respective positions in regard to the conference of Berlin, if I may be allowed in my turn, a little boldness, throw a startling obscurity upon Dr. Dyer's intellectual processes?

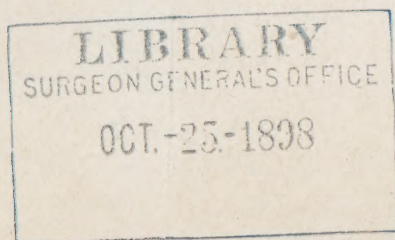
However, there is more to be said, for if the fate of these two personages was the same, as far as the Berlin conference is concerned, there is a not inconsiderable difference between their cases. Dr. Carrasquilla believes that there is a toxine in the leper's blood, which (that is, the serum containing it) inoculated in the blood of an animal, is bound to work out an antitoxine. I do not wish to discuss here this sero-therapy, though I will say, in order to prevent misunderstandings, that I take no stock in it. But I am confident of not being contradicted if I say that it is plausible enough, that there is nothing absurd or ridiculous in it, and that a number of learned men, and perhaps even some eminent ones, still entertain some hope, be it ever so little, that the Carrasquilla treatment may ultimately bring forth some good fruit. I have been told (by Dr. Alvarez, of Honolulu, who was at the conference, and whom I saw on his return trip) that Prof. Lassar said in private: "The thing has not yet had a fair trial; give it more time." This is Dr. Carrasquilla's case.

Let us now pass to Dr. Dyer's case. The antivenene treatment of leprosy, which, as we read in the *New Orleans Medical and Surgical Journal*, of October last, is to bring about a revolution in therapeutics, owes its origin to an accident. A negro, in the island of Guadeloupe, stung by a rattlesnake, died within 24 hours; the man was a leper and Dr. Carreau observed that in that short period the tubers underwent a perceptible degree of regression. It is characteristic of Dr. Dyer that, mentioning this fact, he states that the change in the lepromas took place *before the patient recovered from his wound*; even when speaking of an event so fundamental to his revolutionary doctrine, his soaring mind cannot dwell long enough on the shabby reality of ordinary things to allow of an absolutely correct statement.

It is not likely that Dr. Carreau attached an exaggerated importance to this trifling indication. For to begin with, if the change in the tubercles was *post* it need not on that account be *propter*. There was perhaps nothing whatever in the intoxicating matter to which this phenomenon was really due; death itself or some circumstance not apparent, yet connected with it might have been the cause. Moreover is there anybody so unacquainted with the history of leprosy as not to be aware that there is nothing new, nothing out of the common in the occurrence of such regressions? All the methods of treatment, which in the course of several centuries, claimed the serious attention of mankind, have referred to a number of them, have exhibited a stock of them. Those of Carrasquilla are infinitely superior, both in number and in quality, to Dr. Dyers. Yet referring to them, Dr. Havelburg, of Rio Janeiro, cautions his readers not to be too sanguine, as there are so many remedies boasting the same results. Looking over the facts relating to the medication of leprosy during this century and the last, you will come to the conclusion that there is hardly a substance that might not, at a moment's notice and without causing extreme surprise, be proclaimed a cure for leprosy, on the strength of undeniable regressions. Dr. Carrasquilla obtains them with the blood of horses, charged with antitoxine. If somebody found that the horse's blood, without the antitoxine, produced exactly the same effect, would any leprologist be amazed? If, therefore, on the strength of a very few regressions, the *New Orleans Medical and Surgical Journal* announces a revolution in the treatment of leprosy, this grandiloquent expression of childish confidence, shows simply how little the element of scientific sense and thought is involved in Dr. Dyer's performances.

Dr. Carreau, though, being a man of scientific mind, he felt not inflated with revolutionary hopes, resolved to make as good a use as he could of his experience. He bethought himself that the effect of snake venom on the blood is an increase of the hemoglobine, and as chlorate of potassium also produces this effect, he tried whether the inorganic compound would reduce leprous tubers as the organic poison seemed to have done. He obtained the same regressions which have rewarded and will reward the efforts of so many others. Apparently he did not obtain more, and what is the use of gaining so little. Is there in this a cure for leprosy?

Beaven Rake, who took up the same experiments, did not even get those insufficient results. He declared that (and nothing could throw upon



what I have said as to the futile character of the regressions a stronger light than his words): "Free purgation may bring about a temporary diminution in the cutaneous infiltrations." That is exactly the result attributed to the serpent of Guadeloupe.

But the snake-poisoning case of Guadeloupe by which Dr. Carreau probably recognized that he had been led on a false scent, raised a hope more robust in the heart of Dr. Dyer, of New Orleans. Dr. Dyer suspected at once that what chlorate of potassium had failed to do could be done by antivenene.

Antivenene is the creation of Dr. Fraser, an Englishman, and Dr. Calmette, of Lille, in French Flanders; it is an antitoxine against the snake-bites which cause, every year, such a frightful loss of life in India. That the snake-accident of Guadeloupe and its apparent though delusive effects were at the bottom of Dr. Dyer's interest in this new and strange antitoxine, there can be little doubt. Otherwise why did it not occur to him to give a chance to the antidotes to arsenic or to antimony or to corrosive sublimate? Among all poison antidotes he chooses Drs. Fraser's and Calmette's antivenene, because his mind perceives a connection between it and the snake-bite which caused the Guadeloupe leper's tubercles to recede. What connection? Perhaps Dr. Dyer does not see it with absolute distinctness. But any one whose mind is at all available for the process of ratiocination, will admit that it is perfectly explained by the following considerations.

The venom of a snake caused the regression of the lepromas in the Guadeloupe case, and would have cured the patient if it had not killed him. As the venom cannot be used as a remedy, let us use in its place the substance which is its contrary, the antivenene; instead of the power which makes against leprosy, we will use the power which must be supposed to be favorable to leprosy, being the antitoxine of the former; instead of the poison let us use the antidote. It seems perfectly incredible that a mind, perfectly sane, should have worked in this extraordinary fashion. It is as if oxygen being wanted and not obtainable, we were told to see what nitrogen could do for us; or, if in a case where an increase of temperature was deemed necessary and no source of heat available, a refrigerant was suggested. No wonder they found in Berlin that Dr. Dyer's system was *startlingly bold*. These two words hardly do justice to the case. I heard somebody remark that the calm demeanor of those distinguished men, gathered at the Berlin conference, in the presence of such ludicrous vagaries, was something grand and sweet; they said not a word and voted that leprosy is incurable. Or were they, perchance, afraid (for, no doubt, Dr. Dyer represented his country with unusual dignity) lest a stronger and truer expression of their feelings might imperil the peaceful relations between the German empire and the United States?

presumably